

A STRATEGIC PLAN FOR MENTAL HEALTH SERVICES

July 2002

Montgomery County Department of Health and Human Services

MENTAL HEALTH STRATEGIC PLAN

I. Background

The primary responsibility to provide a public mental health system rests with the State government. This responsibility is embodied in State statute and regulation. The Federal government provides funding (principally through Medicare and Medicaid), but yields control and governance to the States. Montgomery County spends more than any other Maryland jurisdiction to supplement State and Federal funding for delivery of mental health and related support services to its residents. This strategic plan is designed to ensure the most effective use of available State, Federal, County and private funds to achieve the best possible outcomes for those who have mental health needs.

The strategic planning process that has resulted in this document began in the winter of 2001-2002, when Charles L. Short, then Director of Health and Human Services, assembled a representative group of public and private stakeholders to develop a vision for what Montgomery County should achieve with its mental health system. The group developed by consensus the vision and guiding principles that are detailed later in this report.

In April, 2002, Mr. Short, at the request of the County Executive assembled a larger representative group and requested that they develop a strategic plan that would support making this vision a reality. Recognizing that current resources are limited, the group also was charged with identifying how to best design a system that can work within existing resources, and to recommend and prioritize how additional funding would be used as it became available (Attachment A – memorandum, Charles L. Short requesting participation in strategic planning process).

In addition, in early April 2002, Council members Blair Ewing and Michael Subin, Chairs of the County Council's Health and Human Services Committee and the Education Committee, requested a strategic plan for children's mental health services. The County Executive, Montgomery County Public Schools (MCPS) and the Collaboration Council were asked to address three key findings of the 2002 Blue Ribbon Task Force on Mental Health, develop an overarching strategic plan, and an inventory of existing services and whether they would fit into the new plan (Attachment B – memorandum, Blair Ewing, Michael Subin).

While the two requests for strategic planning came separately, one to the Director of HHS and the other jointly to MCPS, HHS and the Collaboration Council, it was agreed that the stakeholder group convened by HHS would be the primary vehicle used to produce a unified plan. Given the scope of the task, the limited time to accomplish it and the greater detail and focus on action plans and service inventory requested by the Council in the children's arena, the stakeholder group managed their

work through two sub-committees, one focused on adults and the other on children and youth. Accompanying this document is an important children and youth component which takes the strategic plan one step further to a proposed implementation plan for children, youth and families.

In addition to meetings of both the stakeholder group as a whole and age specific sub-committees, there were outreach efforts to additional public and private groups, as well as a consumer forum. For example, three members of the strategic planning group met with the Community Foundation and various other local foundations interested in funding mental health needs. In addition, meetings were held with providers not involved in the planning committee; multicultural experts; and additional consumers and other advocates. The overall strategic plan that follows represents the consensus that was achieved and incorporates by reference the more detailed work of the children and youth sub-committee.

II. Vision and Guiding Principles

The following vision and guiding principles were developed in the winter of 2001-2002, by a representative group of public and private stakeholders, convened by HHS.

VISION

We envision children and adults with mental health needs as an integral part of our community with access to a coordinated system of support and treatment that promotes mental wellness and recovery.

GUIDING PRINCIPLES

Our mental health system will:

- Ensure children, adults and families have access to a comprehensive and integrated array of needed services.
- Promote choice.
- Be culturally competent.
- Ensure efficacious use of resources.
- Be accountable.
- Achieve client outcomes.
- Promote use of best and evidence based practices.
- Champion nondiscrimination.

Achieving this vision is a community-wide responsibility.

This system wide vision incorporates the following guiding principles and elements of an integrated service system as identified in the 1998 Collaboration Council Children's Agenda:

- Outcome driven.
- Family focused.
- Neighborhood based.
- Culturally competent.
- Community guided.
- Customized service.
- Innovative approach.
- Preventive.
- Result-based decisions.
- Flexible funding.
- Collaborative partnerships.

The expanded stakeholder group convened in April 2002 and developed this strategic plan as a next step of making this vision and principles a reality.

III. Strategic Issues

Six Strategic issues are addressed in this plan. Each is essential to achieving the vision noted above, and to addressing the recommendations of the Children's Agenda and the Blue Ribbon Taskforce on Mental Health. The accompanying children's document denotes and references these strategic issues and Attachment C cross references these strategic issues to the Blue Ribbon Task Force Recommendations. The strategic issues are:

1. Clarify whom the system will serve, what services will be provided, and who will pay for what.

- ❖ Montgomery County should provide a basic set of mental health and safety net services to all County residents regardless of ability to pay or access to insurance. These include:
 - Crisis and stabilization services.
 - Entitlement support to ensure that all residents have maximum access to funding.
 - Criminal justice diversion programs (as appropriate).

- Department of Juvenile Justice and Correction System mental health programs.
- Education, information and referral (based on appropriate screening).
- School based services (for those attending County public schools).

The County has and should continue to supplement State and Federal funding of these services in order to ensure that they are available for all residents.

- ❖ All other services offered to individuals should be means tested or require the consumer to provide a public or private funding source. Additional County funds can be added to supplement eligibility from other payor sources. The County should carefully weigh the implications of providing such an expansion in benefits.
- ❖ The system addresses Montgomery County residents' needs throughout their lives, regardless of their age. It is recognized that mental health and related support needs will evolve and potentially ebb and flow throughout an individual's life.
- ❖ The goal of all interventions is to maximize the prospects of health, well being and successful inclusion in society. As such, the primary focus of all services should be on:
 - Promoting wellness.
 - Prevention of mental health problems.
 - Promoting individual, family and community safety.
 - Stabilizing and treating mental health disorders.
 - Fostering the process of recovery.
 - Facilitating access to support services that will foster independence and successful integration/transition into the community.
 - Helping to reduce stigma and other barriers to care.
- ❖ The system should allocate access to publicly funded treatment and support service resources based upon assessment of clinical need and eligibility for those services in the public mental health system (as defined by Federal and State laws/regulations or when extended by County funding). Those who do not meet both the clinical need and eligibility criteria will be referred to treatment and support service resources that are not publicly funded.

- ❖ Ideally, the system should be adequately funded to address the full range of needed services. This would include a full continuum of programs for prevention, early intervention and treatment, as well as support for successful integration into the community. When financial resources are inadequate to provide all of the needed services, the use of available funds will be reassessed. Efforts also will be made to determine whether additional funding can be made available. If agreement concerning allocation of funds cannot be reached, priorities for public funds should be based on the following ordered criteria:

- Services that protect the safety of consumers, families and the community.
- Services that stabilize the mental health and support needs of consumers.
- Early intervention services that promote wellness and prevent emergence of a problem.
- Treatment and related services that promote recovery and successful reintegration/transitions.
- Primary prevention programs.

2. Streamline the functioning of the system so that access and quality are improved.

The structure of the system of care should be improved by streamlining the following central processes:

- ❖ Well-understood and easy to use **access points to the system**.
- ❖ Effective and **standardized screening of referrals**.
- ❖ Effective **assessment** of those who need mental health and related support services.
- ❖ Effective **care management** to facilitate access and to integrate needed treatment and support services.
- ❖ **Delivery of prevention, early intervention, treatment and support services** based upon evidence based practices.
- ❖ Processes that **promote a process of recovery**, minimize the intensity of need for treatment and support services, and foster inclusion and **(re)integration/transition into the community**.
- ❖ **Data collection and data sharing** to support the delivery of effective care, to assess outcomes and to help to plan, monitor and manage the system.

- ❖ Effective **inclusion of the consumer** and (as appropriate) family in the design, implementation and evaluation of their care and of the system. Effective support of consumer rights.

3. Alter the management structure of the system to ensure accountability and consumer focus.

Strengthening the management structure should focus accountability and facilitate rapid progress in implementing this plan. Inherent in this strategic issue is an acknowledgement that the Core Service Agency and the Collaboration Council have a collaborative responsibility for child mental health. Both short-term and long-term actions are recommended due to the complexity of this strategic issue and the need for permanent personnel appointments to be made to several key posts who have responsibility in this area.

- ❖ Short-term (first 6-9 months):
 - Multiple state and local agencies provide funding and have responsibility for providing treatment and related support services to the mentally ill, especially in the area of children's mental health. Active collaboration between these agencies is essential to provide the best-integrated care. However, this shared responsibility and accountability can break down. To resolve impasses, assign one senior level HHS staff member to oversee the child and family parts of the system and another to oversee the adult and senior citizen parts of the system. Both of these individuals will be accountable to coordinate and work collaboratively with all responsible parties. They ultimately will be accountable for working with all appropriate stakeholders to ensure that all available resources are used effectively to address the consumer's needs. They also will work with the Director of the Core Service Agency (CSA) to ensure that the elements of this plan are implemented in a timely and high quality manner.
 - Under State law two bodies (the Local Management Board, known as the Collaboration Council, and the Core Service Agency) have overlapping jurisdiction over programs that serve the needs of children. There is a need for close

cooperation between these bodies. The most effective short-term solution to addressing this need is to have representatives of each agency actively sit on one another's management board/advisory committee. In addition, the senior level HHS staff member who will oversee the child and family parts of the system should act as an intermediary between these two agencies.

- The CSA will continue to have responsibility for planning, monitoring and managing the mental health system to address the needs of children, adults and seniors. The actions envisioned in this plan should improve the CSA's ability to fulfill these responsibilities.
- This plan adopts the following key strategies that consumers are asking to be included in the plan. They represent the goals for recovery and are considered evidence based practices in the mental health field from the standpoint of consumer involvement, self-determination, and the protection of consumer rights.
 - Establish an Office of Consumer Affairs within the Core Service Agency.
 - Expand consumer-operated services to serve areas of the County where these services do not exist.
 - Assess county-wide consumer needs from the consumer perspective.
 - Increase interagency collaboration (between CSA/HHS and HOC, Vocational Rehabilitation Services, etc.).
 - Ensure consumer involvement in the implementation of recovery-based strategies as outlined in the strategic plan.
 - Implement a County-wide provider training program on recovery and self-determination.

❖ Intermediate (next 6-9months) to Long Term (1year plus):

- Charles County merged the Local Management Board and the Core Service Agency to centralize focus on all children's issues, including mental health, while at the same time preserving the unitary focus of the CSA towards all mental health services. Montgomery County needs to

determine if this or other organizational models can

streamline the County's management structure and resolve the issues of overlapping jurisdiction between agencies and advisory groups. Long-term recommendations are not possible at this time since there is an Acting Director of HHS, an Acting Chief of Adult Mental Health and Substance Abuse Services, an Acting Head of the State Mental Hygiene Administration and upcoming elections at both the State and local level. Decisions should be deferred on this issue until government leadership for the next four years is determined.

- In 6-9 months, gain permanent funding for a senior staff position within the CSA to run the child and family (and another to run the adult and senior citizen) system. Determine how the shared accountability of the current system can be improved.
- Refine and expand the CSA's expertise and capacity to monitor outcomes, manage the financial aspects of the system and foster accountability. Build and use new skill sets in grant writing, effective training, and capacity planning and building.
- Use the staff of the HHS Accountability and Customer Services area to support the CSA in monitoring the system and measuring the effectiveness of care and support services. By leveraging existing highly trained County staff to assist the CSA, progress can be achieved more quickly.
- The CSA should monitor the need for more intensive care management and assign staff as appropriate to address the most complex cases. This should be done on a pilot basis to demonstrate the effectiveness of this approach.

4. Improve data collection and sharing to facilitate coordination of care and management of the system.

- ❖ Access to accurate, complete and timely data is essential to make the system reliable, manageable and integrated for consumers. Automated tools are the most cost-effective means of addressing the need for data collection and sharing.
- ❖ Use of a common informed consent form by all governmental agencies and private providers will protect patient confidentiality and permit sharing of information necessary to coordinate delivery of care and measure quality.

- ❖ Currently, many County departments and agencies maintain their own stand-alone automated systems to keep track of the people they serve. There have been steps, most notably HATS and the IJIS (Integrated Justice Information System) to build systems that will promote needed data sharing. These systems should be evaluated in terms of their scalability, portability and usability to meet the requirements envisioned in this plan.
- ❖ Building automatic systems is expensive, time consuming and risky. These issues can be mitigated by building onto existing systems when possible and by developing new parts in small functional pieces that can be implemented (at least for some users) quickly.
- ❖ Not all agencies or private providers will have the financial means to pay for major infrastructure improvement. Securing grants is likely to be a major component of the funding plan to link them to this system.
- ❖ It is essential to track, report and take action on the amount and nature of unmet needs for treatment and support services, including housing.

5. Increase the system's capacity to serve – expand the number, range and quality of services available.

Effective care requires access to an integrated continuum of treatment and support services. Steps must be taken to ensure that an adequate number of quality providers are available to meet the mental health needs that exist. Actions should be taken to support providers in producing high quality and economically sustainable services. Currently, there are missing elements in the range of services that are available in the County. There also are limitations on access to services based on ability to pay. One goal of the system is to ensure that there is adequate available capacity of treatment and service resources to meet the size of the need. The system should:

- ❖ Facilitate creating capacity through:
 - Removing barriers to less intensive services. Ensure that existing consumers are receiving the level of care that is congruent with their acuity and process of recovery.

- Encouraging existing providers to expand their capacity to serve.
- Attracting additional providers.
- Working to reduce barriers to a provider's success such as high administrative costs and burdens.
- Identifying additional available revenue streams or opportunities to combine revenue streams to make expansion economically viable.

❖ Allocate existing capacity based upon:

- Acuity of need.
- Need/ability to transition from other systems (e.g. jail diversion programs, release from hospitals, etc.).
- Length of time on a waiting list.
- Availability of a source of funds to support the care.

❖ Provide stabilization services to the individual until appropriate treatment and services resources become available.

6. Increase funding and ways to combine existing and future funding streams.

The State and Federal governments provide most of the funding for public mental health treatment and support services. While informally combining funding is a useful way to leverage available funds, more fundamental long-term changes are desirable. This will require changes at the State level that probably cannot begin to be addressed until after the change in State administration that will occur in January 2003. There are steps the County should undertake now to speed progress towards these long-term changes:

- ❖ Work with the State to transition from a fee-for-services system to an acuity adjusted case rate system for high cost consumers. It is best to use "demonstration projects" to lower the risk of this transition. Moving in this direction will help to focus accountability and to permit the CSA to more directly monitor and manage the care of these high cost consumers.
- ❖ The fee-for-service system should be replaced or altered to support the use of evidence based practice and to permit providers greater flexibility in their service mix. Other systems have seen

improvements in outcomes by increasing the nature and number of support services and by simultaneously decreasing the amount of traditional therapeutic services. Again, the key to progress will be working with the State to develop demonstration projects that will permit greater flexibility in service mix when such flexibility is used in conjunction with evidence based practices.

- ❖ It is likely that public funding for mental health and related support services will continue to be inadequate. The best way to address this is to expand access to private sources of funds through grants and through leveraging of private and public sources of funding to pay for needed programs and services.
- ❖ Work to reverse County, State and Federal disincentives to recovery. It is critical that the incentives for the consumer, the provider and the system be aligned to promote recovery and re-integration into the society.
- ❖ Add the County's voice to advocacy efforts for adequate funding from the State and Federal governments and for changes in legislation or regulation that will help to achieve the goals outlined in this plan.

IV. Recommended Priorities for Additional Funding

The system can be vastly improved by immediately making limited additional investments. This list is categorized into priorities that will address system and infrastructure improvements and those that address service deficiencies. It is critical to make progress on all of these priorities rather than to fully address one at the expense of others.

Service Improvements:

- ❖ The safety net of services needs to be strengthened to ensure that all Montgomery County residents have access to the minimum set of needed services. This should include access to flexible funds for client stabilization and increased eligibility screening to ensure that all County residents eligible for existing funding are able to access it. This is especially important as funding for "gray zone" consumers, or clients above the Medicaid rate with no insurance, is cut back by the State.
- ❖ Care management is a core component of the system as envisioned. With rare exception this function is not explicitly funded. Some at the State level will argue that reimbursement rates include funding for this function. The reality is

that the reimbursement rates will not cover the cost of the expanded care management envisioned in this plan.

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- ❖ Investments in capacity building are essential as the level of need and eligibility for services expands within the County. Over the last several years the County has experienced a sharp increase in the demand and eligibility for services. Over the last five years there has been a doubling in the number of people eligible for and serviced by the public mental health system. Capacity has not expanded adequately to address this need. In addition, there are several gaps in the treatment and support service categories that need to be filled.

System Improvements:

- ❖ Investments in the data system are critical to achieving the goals of planning, monitoring and managing the system. They are equally important to achieve integration of the system and the ability to coordinate care effectively. Incremental investments in this area can yield improvements that can be critical to the system's success.
- ❖ Creation of a resource development function for use in both public and private grant writing is essential to expanding access to funds to support the goals of this plan.
- ❖ Enhancing consumer involvement and support is essential to achieving better results. Creation of an Office of Consumer Affairs and involvement of consumers in planning and service delivery are critical priorities in this regard.
- ❖ Tools and training are critical to support the CSA as it ramps up to fully assume its role. These are apt to pay dividends as the system attracts money through more effective grant writing and achieves better outcomes through better monitoring and intervention, as well as use of evidence based treatment alternatives.
- ❖ Training programs need to be developed to support expansion of cultural competency, use of evidence based practice and to foster growth of additional capacity throughout the system.

V. Areas Requiring Further Discussion to Achieve Consensus

There was considerable consensus achieved through this strategic planning process, but further discussion is required in the following key area:

- ❖ How the overlapping jurisdiction of the Core Service Agency and the Collaboration Council for programs serving children and youth can best be reconciled to assure accountability and effective system management.

This discussion needs to include whether there is one entity to have accountability or a

process of shared accountability and whether the children's mental health system operates independently from the adult system.